



Rt Hon Ashley Dalton MP
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1st May 2025

Dear Ashley,

Your letter to Andrew George MP (8th April 2025 PO-1590640 (Case Ref: AG05371)) has been shared with the British Occupational Hygiene Society. We are writing as the leading expert scientific body, incorporated under Royal Charter, on the identification, recognition and measurement of hazards to health in the workplace.

BOHS is also a member organisation of the Covid-19 Airborne Transmission Alliance (CATA) which was formed of health professional and expert groups, representing 67,000 healthcare workers to act as a Core Participant for the UK COVID-19 Inquiry.

You will hopefully forgive further correspondence with your office before we have received a response to previous correspondence to your Office on this matter (from CATA 22nd January

2025; 18th March 2025). However, we hope we can provide further helpful information to assist you in your vital role in protecting the nation's health.

Your letter references [COVID-19: epidemiology, virology and clinical features - GOV.UK](#) dated 17th May 2022. This, incidentally, explicitly recognizes airborne transmission by means of aerosols.

“When someone with COVID-19 breathes, speaks, coughs or sneezes, they release droplet *and aerosol* particles containing SARS-CoV-2 virus. SARS-CoV-2 is primarily transmitted between people through these infectious respiratory particles (droplet *and aerosol*) when they are inhaled...”¹

However, it should be noted that your officials have not provided you with links to the latest guidance on the transmission and control from the UK Health Security Agency. Current UK published guidance is found in [Living safely with respiratory infections, including COVID-19 - GOV.UK](#) 16th June 2022

“The amount of respiratory virus in the air can build up in poorly ventilated areas. This increases the risk of spreading COVID-19 and other respiratory infections, especially if there are lots of infected people present. The virus can also remain in the air after an infected person has left.

Meeting outdoors greatly reduces this risk, but this may not always be possible.

Bringing fresh air into a room by opening a door or a window, even for a few minutes at a time, helps remove older stale air that could contain virus particles and reduces the chance of spreading infections. Trickle vents (small vents usually on the top of a window) or grilles can also be useful for bringing a little fresh air constantly. The more fresh air that is brought inside, the quicker any viruses will be removed from the room.”

For clarity, only airborne viruses (aerosols) are small enough to remain in the air. Droplets are, by definition subject to gravity, and while they may be expelled ballistically, will drop within seconds.

The control of airborne particles by ventilation is placed (in this guidance) second to vaccination in priority and above droplet and fomite controls. This clearly and succinctly indicates that the control of the airborne route was regarded as a priority action by UKHSA.

¹ NERVTAG definition at the time: “Aerosol – a small respiratory particle that carries the virus and can remain in the air for a long period of time (at least 5 minutes, in many cases hours). These typically have a diameter less than 10µm.”

This was further reinforced in June 2022 by UKHSA in [Reducing the spread of respiratory infections, including COVID-19, in the workplace - GOV.UK](#)

“It is also possible to pass on a respiratory infection between people who do not have close contact, especially if they are in a crowded and/or poorly ventilated space where smaller virus particles can stay suspended in the air for some time and where there are more people who might be infectious. The risk of airborne transmission is increased when occupants in a space are participating in energetic activity, such as exercising, shouting, singing or talking loudly”

This explicitly accepts airborne transmission and is more up to date guidance than [COVID-19: epidemiology, virology and clinical features - GOV.UK](#) from May 2022 which you reference.

Your cited link [Coronavirus disease \(COVID-19\): How is it transmitted?](#) from Dec 2021 is again also not reflective of current World Health Organisation guidance.

WHO member countries are directed towards the comprehensive guidance ([Manual for Indoor Airborne Risk Assessment for COVID-19](#)) and associated tool which models the impact of airborne transmission. This goes further than the acceptance by WHO of the significant and important role of airborne transmission. It actually details modelling of risk assessments so as to predict the effectiveness of ventilation and some other controls and predicting rates of infection through this route. You will note that there is an appreciable infection rate from airborne transmission, unless mitigated appropriately.

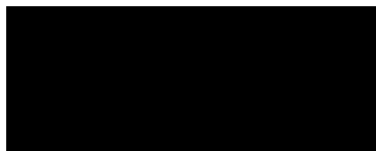
If the UK is not taking cognisance of the WHO's risk methodology for airborne transmission, then it will be falling short of the threshold for international IPC practice in relation to this pathogen.

Last week, you announced to the House of Commons, the UK's intention to support the WHO Pandemic Agreement. We understand that Article 18 of the draft includes a comprehensive commitment to promote up to date and accurate information.

It is a shame that the communication sent from your office may be perceived as perpetuating out-of-date information, which is neither compatible with current UK Government guidance nor knowledge derived from the National Core Study and which contradicts and has been comprehensively superseded by the World Health Organisation guidance on this matter.

BOHS would be happy to assist in the process of promoting a better understanding of the current science and WHO recognized mechanisms for assessing risks resulting from airborne transmission, which continues to result in acute and chronic disease amongst patients and healthcare workers.

Yours sincerely,



Professor Kevin Bampton

On behalf of the CATA Executive Team:

Dr Barry Jones, Chair BSc MBBS MD FRCP

Ms Kamini Gadhok MBE, BSc (Hons), Doctor of Civil Law (Honorary), MSc (Honorary)
MRCSLT, Vice Chair CATA, ex CEO RCSLT

David Osborn, Health and Safety Consultant, BSc SpDipEM

cc Andrew George MP

cc Tim Farron MP

cc APPG Long Covid